

**CITY OF LINCOLN, NEBRASKA**  
**UNIT PRICE QUOTATION**  
**PAINTING SERVICES, Spec. 03-014**

Date: \_\_\_\_\_

**TO DEPARTMENT/AGENCY REPRESENTATIVE:** \_\_\_\_\_  
**FROM (CONTRACTOR):** \_\_\_\_\_  
**PROJECT NUMBER:** \_\_\_\_\_  
**PROJECT DESCRIPTION:** \_\_\_\_\_

When making a quotation please breakdown the Total Cost into the following categories: Labor, Materials, Equipment, Overhead and Subcontractors Costs. Fill in the following Tables in the areas as shown. If an item does not apply, please do not make an entry in that column.

**TIME OF COMPLETION**

Estimated Start Date	
Number of Days to Complete	

**LABOR COST TABLE**

CONTRACTOR	RATE	NO. HOURS	TOTAL \$ AMOUNT
Painter			
Painter's Help			
Laborer			
Other			
<b>TOTAL LABOR</b>			

**EQUIPMENT AND MATERIAL COSTS**

ITEM	COST	% O. & P.	TOTAL \$ AMOUNT
Total Equipment Costs			
Total Materials Cost			
Total Shipping Cost			

**O. & P. ON SUBCONTRACTORS COSTS**

SUB-CONTRACTOR (NAME)	COST	% O. & P.	TOTAL \$ AMOUNT
Sub No. 1			
Sub No. 2			
Sub No. 3			
Sub No. 4			
Sub No. 5			

**TOTAL PRICE (NOT TO EXCEED)**

**\$** \_\_\_\_\_

**FIRM:** \_\_\_\_\_  
**BY:** \_\_\_\_\_  
**ADDRESS:** \_\_\_\_\_

Change Order #: \_\_\_\_\_  
Accepted: \_\_\_\_\_  
Not Accepted: \_\_\_\_\_

**PHONE** \_\_\_\_\_ **APPROVED BY:** \_\_\_\_\_

Department/Agency Representative

**DATE:** \_\_\_\_\_